

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037215

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 221

FILED OCT 4 1963

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		c. CITY OR TOWN <b>Near Shelbyville, Mo.</b>	
Length of stay in b. <b>2 1/2 Hrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Hospital</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Cristie</b> Middle <b>Deanna</b> Last <b>Ridings</b>			4. DATE OF DEATH Month <b>September</b> Day <b>23</b> Year <b>1963</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 23, 1963</b>	9. AGE (last birthday) IF UNDER 1 YEAR Months <b>2</b> Days <b>30</b>	IF UNDER 24 HR Hours <b>2</b> Mins <b>30</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Never Worked</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Moberly, Missouri</b>		
11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Lester Leon Ridings</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Ann Bentley</b>		
14. NAME OF HUSBAND OR WIFE <b>None</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>			17. INFORMANT Address <b>RFD</b> <b>Lester Leon Ridings, Shelbyville, Mo</b>		

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> DUE TO (b) <b>Infection due to</b> DUE TO (c) <b>Dystocia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b> <b>3 hours</b> <b>3 hours</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Outlet for delivery</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>12:45</b> a.m. <b>p.m.</b> Month, Day, Year <b>8/23/63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY <b>Shelby</b> STATE <b>Missouri</b>
21. I attended the deceased from <b>8/23/63</b> to <b>9/23/63</b> and last saw her alive on <b>9/23/63</b> . Death occurred at <b>3:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <b>Lloyd Carroll D.O.</b>	22b. ADDRESS <b>Shelby, Missouri</b>	22c. DATE SIGNED <b>9/25/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/25/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Shelbina Cemetery</b>
23d. LOCATION (City, town, or county) <b>Shelbina, Missouri</b>	23e. DATE RECD. BY LOCAL REG. <b>Oct 7-1963</b>	23f. REGISTRAR'S SIGNATURE <b>D. Cecil White</b>
24. FUNERAL DIRECTOR ADDRESS <b>Hayes Funeral Home, Shelbyville, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 0887

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JUL 15 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Paul E. Hayes*

Licensed Embalmer No.

4461

P. O. Address Shelbina, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Not Embalmed*